



## REASONABLE ACCOMMODATION INSTRUCTIONS

### Faculty, Staff & Applicants:

When requesting a reasonable accommodation under Yeshiva University's Reasonable Accommodation Policy, all (3) of the following forms must be submitted. If your request is related to a non-medical reason, only the **Reasonable Accommodation Request Form** must be submitted.

REASONABLE ACCOMMODATION FORM:	TO BE COMPLETED BY:
1. Reasonable Accommodation - Request Form	Applicant/Employee
2. Reasonable Accommodation - Health Care Provider Release Form	Applicant/Employee
3. Reasonable Accommodation - Health Care Provider Statement Form	Health Care Provider
<b>STEPS TO REQUEST A REASONABLE ACCOMMODATION:</b>	
<p>Individuals requesting a reasonable accommodation should do the following:</p> <ol style="list-style-type: none"> <li>The <b>Applicant/Employee</b> must:               <ol style="list-style-type: none"> <li>Complete the <a href="#">Reasonable Accommodation Request Form</a>; and,</li> <li>Submit the Request Form directly to the University Benefits office.</li> </ol> </li> <li>If the reasonable accommodation request is related to a disability or other medical-related reason, the <b>Applicant/Employee</b> must forward the following to their certified Health Care Provider:               <ol style="list-style-type: none"> <li><a href="#">Reasonable Accommodation Health Care Provider Release Form</a>, to be completed by the Applicant/Employee.</li> <li><a href="#">Reasonable Accommodation Health Care Provider Statement Form</a>, to be completed by a certified health care provider. (The health care provider must submit this form directly to the University Benefits office).</li> <li>A copy of the completed Reasonable Accommodation Request Form.</li> </ol> </li> <li>All completed forms, assessments, records and information should be forwarded to:               <p style="text-align: center;"><b>Yeshiva University University Benefits 2495 Amsterdam Avenue, BH 824 New York, NY 10033 or via fax 212-960-0034</b></p> </li> </ol> <p style="text-align: center;">All Information provided will be kept confidential, to the extent provided by law.*</p>	

\*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. For more information about the GINA Act, please visit <http://www.eeoc.gov/laws/types/genetic.cfm>

If you are requesting an accommodation for a parking space, you are required to first apply for a Parking Permit for People with Severe Disabilities. You can access a copy of the application via the following link: <https://www1.nyc.gov/html/dot/html/motorist/pppdinfo.shtml>. If you are not a NYC Resident, please contact your local town, city or village clerk, or visit the DMV Internet Office at <http://www.nysdmv.com> to determine which governmental office issues permits in your area. **A COPY OF YOUR DISABILITY PARKING PERMIT MUST ACCOMPANY THIS FORM.**